Proceedings

GOVERNOR'S FOURTH CONFERENCE ON THE HANDICAPPED

Indianapolis, Indiana—October 7-8, 1964

THE GOVERNOR'S FOURTH CONFERENCE ON THE HANDICAPPED

Sponsored by

The Commission for the Handicapped
Indiana State Board of Health
Andrew C. Offutt, M.D.
State Health Commissioner

Cooperating Agencies

Indiana State Department of Public Welfare
State Department of Public Instruction
Division of Vocational Rehabilitation
Division of Special Education
Indiana Department of Mental Health
Indiana Employment Security Division
Veterans Administration

PROCEEDINGS OF THE

GOVERNOR'S FOURTH CONFERENCE ON THE HANDICAPPED

October 7 - 8, 1964

STUDENT UNION BUILDING

INDIANA UNIVERSITY MEDICAL CENTER

Indianapolis, Indiana

Preventing Handicaps Among The Disabled

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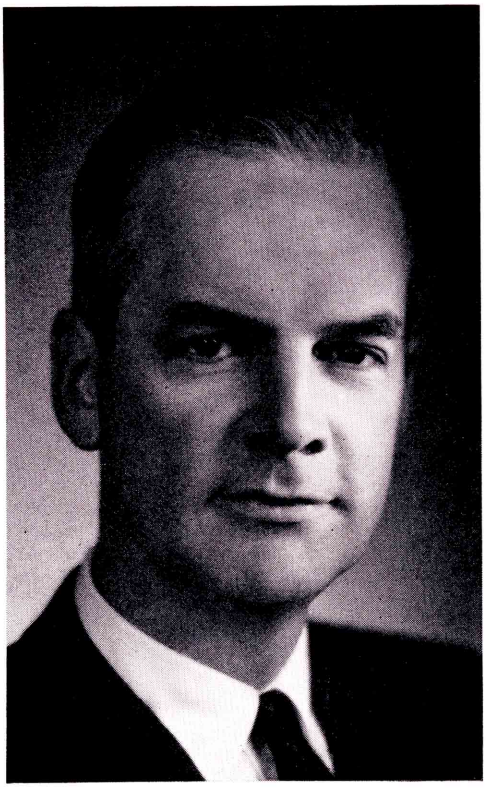
The Governor's

FOURTH CONFERENCE ON THE HANDICAPPED



"The height of wisdom is to take things as they are . . . to endure what we cannot evade . . . (we must learn) how to rule our behavior and understanding, how to live and die well . . . Give every man a free rein to laugh, and we will all live in peace . . . My trade and art is to live my life."

Montaigne 1500 A.D.

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Indiana State Board of Health
Indianapolis

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THE PROGRAM

Wednesday, October 7

Morning

9:00 Registration and Coffee Hour—Mezzanine

9:30 Rehabilitation Open House

The following facilities were open to persons attending the Governor's Conference:

Indiana University Medical Center Various Clinics
LaRue D. Carter Memorial Hospital
Marion County General Hospital, Rehabilitation Department
Crossroads Rehabilitation Center
Goodwill Industries
Indiana School for the Blind
Indiana School for the Deaf

Afternoon

12:30 First Luncheon

Presiding—Neal E. Baxter, M.D., Chairman, Commission for the Handicapped

Invocation—Rabbi Maurice Davis, Indianapolis Hebrew Congregation

Welcome—A. C. Offutt, M.D., State Health Commissioner

Address—"A Look At The Emotional Problems Of The Disabled"

Speaker—Charles E. Caniff, Executive Secretary, Association of Rehabilitation Centers, Inc., Evanston, Illinois

2:30 Special Interest Sessions

The following organizations accepted an invitation from the Commission for the Handicapped to prepare special interest sessions. These sessions were open to all interested persons.

1. Evansville Epilepsy League, Inc.
   a. Presentation and general discussion of Epi-Hab Evansville, Inc.

   Mrs. Mary Litty, Chairman
2. Division of Alcoholism
   a. The Multiple Handicapped—The Alcoholic

   D. Bruce Falkey, Administrative Director, Chairman
3. Indiana Association for the Deaf
   a. Vocational Opportunities for the Deaf

   Don G. Pettingill, President of the Indiana Association for the Deaf, Chairman
4. Indiana Association of Sheltered Workshops
   a. General Business Meeting Adoption of Constitution and Election of Officers

   Verne Hazzard, Executive Director, Goodwill Industries, Chairman
5. Indiana Society for Crippled Children and Adults, Inc.
   a. Legislation for the Handicapped

   Ralph B. Werking, Jr., Chairman
6. Indiana Society for the Prevention of Blindness
   a. Topic to be announced

   Marcia Butcher, Executive Director, Chairman
7. National Rehabilitation Counselors Association
   a. Social and Personal Adjustment of the Deaf As They Relate to Counseling

   Don G. Pettingill, State Supervisor for the Deaf, Division of Vocational Rehabilitation
8. The National Foundation—March of Dimes
   a. Parent Services For Children With Birth Defects

   Duane Ostrum, State Representative

Evening

6:30 The Governor's Banquet

Presiding—Neal E. Baxter, M.D., Chairman, Commission for the Handicapped

Invocation—Reverend Clarence Weldon, Assistant Pastor, St. Michael's Roman Catholic Church

Entertainment—Octet—Indiana School for the Blind

Presentation of the Governor's Rehabilitation Awards

A. C. Offutt, M.D., State Health Commissioner, on behalf of Governor Matthew E. Welsh

Address—"Comprehensive Planning For The Handicapped"

Speaker—Matthew J. Trippe, Program Specialist, Educational Programs For the Emotionally Disturbed, Washington, D. C.

Thursday, October 8

RICE AUDITORIUM
Indiana State Board of Health

Morning

8:15 Registration of Late Comers

8:45 Panel—"As We See The Problem"
Moderator—Paul Messmer, Liaison Officer, President's Committee on Employment of the Handicapped, Department of Labor, Washington, D. C.

Participants—

Mrs. Amelia Cook, State Chairman of Special Education, Indiana Congress of Parents and Teachers, Indianapolis
James E. Simmons, M.D., Psychiatrist, Indiana University Medical Center, Indianapolis
Paul E. Munger, Ed.D., Director, Division of Guidance and Counseling, Indiana University School of Education, Bloomington
James Peeling, Ph.D., Professor of Sociology, Butler University, Indianapolis

9:45 Break

10:15 Panel—Preventive Rehabilitation Services
Moderator—Carl Martz, M.D., Orthopedic Surgeon, Indianapolis and 1963 Recipient of the Governor's PHYSICIAN'S AWARD

Participants—

Gayle Eads, Director, Vocational Rehabilitation Division, State Department of Public Instruction, Indianapolis
Verne K. Harvey, Jr., M.D., Director, Bureau of Special Health Services, Indiana State Board of Health, Indianapolis
Stewart T. Ginsberg, M.D., Commissioner of Mental Health, State Department of Mental Health, Indianapolis
Leslie Brinegar, Acting Director, Division of Special Education, State Department of Public Instruction, Indianapolis

11:15 Film—State Premier "Scenes To Remember"

12:00 Luncheon—Union Building

Presiding—Neal E. Baxter, M.D., Chairman, Commission for the Handicapped

Invocation—Reverend Daniel Porkorny, Peace Lutheran Church For The Deaf

Address—"The Missing Links"

Speaker—Robert Yoho, H.S.D., Director, Bureau of Health Education, Records and Statistics, Indiana State Board of Health, Indianapolis

PROGRAM COMMITTEE

Gayle S. Eads
Stewart T. Ginsberg, M.D.
Howard G. Lytle, L.H.D.
Leslie Brinegar
Harlan J. Noel

MAJOR ADDRESSES

ADDRESS OF WELCOME

by A. C. OFFUTT, M.D.
State Health Commissioner
Indianapolis

It is a pleasure for me to join with you at the beginning of this meeting and visit with you a small time during the period when you commence your deliberations. If I were asked to title my remarks this morning, I might say that I am speaking to the title of "Welcome—Progressive Change."

Somewhere a few years ago I read a man's estimate of the number of words in the English language. While this was very interesting, I will admit that I filed it in the useless information file and it has long since escaped me. Life has always been magnificent, cruel, uncertain, creative, and beset with problems. It is no different today. As you listen to any modern speaker you will hear him use repeatedly and often the word "problem." He might like to use some synonym for this word; but, unfortunately, in our language there is no real substitute for the word "problem." If we concern ourselves with the appearance of this word in our conversation, our reading, and any other communication which we have, we could become so negative in attitude that we might say, as did the character in one of our currently popular dramas, "Even my problems have problems."

The existence, then, of a problem, while it may harass us, is not without its benefits. You all will recall that from your earliest association with problems you learned that when the problem was presented you were to set out to seek a solution. When you were asked about the problem and the solution, you frequently said that you had worked it out. So it is in our life. As we are presented problems of our daily living, our very existence, we must remember that these problems ask for solutions. The problems are a challenge. They make us seek out the truth.

We are accustomed to talk about curiosity as if it were the personal property of a cat or a baby; but, frankly, the most curious of all is the adult individual. It is this inherent curiosity which has marked the progress of mankind. He has constantly struggled for the unattainable and has accepted the challenge that if you know the truth "the truth shall make you free." We must and we are using every knowledge that is available to us to understand the secrets of nature, whether benevolent or malignant.

We are gathered here with one item of mutual concern. Perhaps it might be well to ask you to recall a story from Greek mythology, which I am sure you all remember. The gods had placed in the box all of the human ills, knowing that Pandora, out of curiosity, would certainly open the box and set these ills free on the world. Of course, Pandora did open the box, but let me remind you of something that may have possibly escaped from your memory. The story tells us that after all of the ills had escaped the box there remained inside only *Hope*. Therefore, if you accept all of these problems as challenges for which a solution must be achieved, if you have remaining within your heart hope, then certainly that solution is within your grasp if you are willing to "work it out."

As we look at the world today and compare it to the world of the past as we know it, it seems that we have more problems of greater magnitude than man has ever been called upon to face before. Now, if this is actually the case, then we also are being challenged and provided with one of the finest opportunities in all history to apply ourselves, to exercise our courage and wisdom, to find solutions to these problems, and, thus, to establish a fine and productive life. Without these challenges, if our food and everything that we needed were given to us, we would undoubtedly become a slothful animal.

One of the great challenges of our modern existence is the challenge offered to us by the speed at which we are living. We suddenly find ourselves living in a time when man can govern the genetic characteristics of human beings, he has developed drugs that can change the personality, he has provided himself with more leisure time than work time, he proposes retirement at an early age, and he offers all of these as a challenge to our progress. All of these things come as a challenge to us, not in a slow, orderly progression; but they pass on to us almost as a whirlwind. We have a need, then, to face these challenges and to exert tremendous effort and work in order to make progress. I am reminded of the occurrence in *Alice in Wonderland* with the Red Queen. The situation was one in which Alice was running as fast as she could and, finally, when she was completely exhausted she noticed that she hadn't gone any place at all. Alice then pointed out to the Red Queen that in her country when you run very fast for as long as she had been running you usually got some place. Then the Red Queen said to Alice, "In this place it takes all of the running you can do to keep in the same place. If you want to get somewhere else, you must run at least twice as fast." So the same thing is true with us today with the challenges and the problems that face us.

If we must find the solutions, and find them we must, then we must run twice as fast.

Finally, let me say that the days of the easy answer, if they ever existed, certainly are no longer with us. It is not possible to spell out a formula for progress for anyone. The rules have not changed, but the tempo has increased. The most pressing dimension of our lives today is time. In order that we may broaden the expanse of time we must broaden our vision. The understanding of our technical advances affect the political, social and economic structures. There is no doubt in my mind that we are rapidly coming to the point where everyone must understand the fundamentals of science and technology. This is necessary because science and technology are impinging upon political policy at every level. We must develop intelligent concepts and a grasp of both science and the humanities because we must know the past in order to understand our vision of the future. You may recall that Solomon said, "Where there is no vision, the people perish." As we stand here with the future spread before us we are not held in check by the hand of the past, but we are in possession of versatility and flexibility; we have the vision of the promise ahead and beyond; and the drive to press forward to new conquests of disease, prejudice, poverty, ignorance, and intolerance. If we can dedicate ourselves to these goals to the understanding that we are here to help each other, we are here to meet the problems and find the solutions, we are here to accept the problem as a challenge and from this challenge to have an accomplishment, then we need search no further for success—it is ours.

A LOOK AT THE EMOTIONAL PROBLEMS OF THE DISABLED

by CHARLES E. CANIFF, Executive Director,
Association of Rehabilitation Centers, Inc.
Evanston, Illinois

I can speak from personal experience about the emotional problems of the disabled. It was during World War II that I, myself, became a handicapped person.

As a Marine Corps Captain and Squadron Commander, I served a tour of duty as a night fighter pilot in the Central Pacific theater of operations. On a return flight to the United States, while flying a routine mission in July of 1945, I was injured in an aircraft forced landing which caused damage to my spinal cord and made me a paraplegia. It was from this experience and a long period of hospitalization in a United States Naval Hospital that I became interested in rehabilitation.

Unfortunately, we cannot look forward to the elimination of the disabled. In fact, they will be with us for a long time and, in addition, there will be an increase in number.

According to the National Health Survey, more than 41 percent of the men, women, and children in the United States have some chronic illness or impairment. This adds up to nearly 72 million people, not counting an estimated 1.3 million in institutions.

Not all, of course, are seriously handicapped to the point of being limited in what they can do. But many are.

About 18 million of these persons, one of every 10 Americans, have some degree of limitation of activity due to chronic illness or impairment. An estimated 13.6 million are limited in the amount or kind of major activity they are able to perform—whether it is working, keeping house, or going to school—because of their disability.

Taking a closer look at the 18 million, we find that . . .

88 percent are disabled by disease;
5 percent are disabled by work accidents;
5 percent are disabled by home, traffic, or other accidents;
2 percent have congenital conditions.

We find, further, that two-thirds of this group, or some 12 million men and women, are of employable age. Many are working, but not all. Many are using their full remaining abilities on the job, but many consider themselves lucky to find marginal employment beneath their full capabilities.

As for the mentally handicapped, some 18,000,000 American men and women (1 in every 10 persons) have some form of mental or emotional illness severe enough to need psychiatric treatment. In addition, there are more than 5,000,000 persons who are mentally retarded.

There is hope for most of the mentally handicapped. With good care and treatment, at least 7 out of 10 patients can leave mental hospitals well enough to be able to hold down jobs. Of the retarded, 25 out of every 30 can achieve at least marginal independence—able to care for themselves and to work at many kinds of jobs.

The problem is to create the kind of climate in America that would assure equal opportunity (the handicapped do not seek more than that).

The following are figures which will add to our total understanding of the size of the problem:

The Vocational Rehabilitation Administration estimates that there are some 2.15 million

disabled persons in need of vocational rehabilitation services or a job opportunity. To this must be added 270,000 more who become disabled each year.

To make an inroad on this problem, the Vocational Rehabilitation Association estimates we must rehabilitate 250,000 a year. This compares with more than 110,000 rehabilitated through the State-Federal program in fiscal year 1963.

The Veterans Employment Service reports that disabled veterans continue to receive the priority which is theirs by law. In 1963 handicapped veterans represented 37 percent of the disabled men who applied for work but accounted for 47 percent of the placement of disabled males; a total of 102,000 disabled veterans placed by the public employment services in calendar year 1963.

The numbers are sizable, but it is not the numbers that count. It is the individuals. They are the persons served by the President's Committee and by the vast army of public-spirited groups and citizens across the land.

In considering the emotional problems of the disabled, I can exemplify this by pointing out my own frustrating experiences as I try to function in our present day-to-day society. For example, it is an effort for me to pay my taxes. After completing the tax forms, I must go to the treasurer's office in the courthouse. After manipulating my wheel chair through streets and up sidewalks, my frustrations become intense as I encounter my first obstacle—a great number of steps leading into the courthouse. The only possible means of gaining access is through the freight entrance at the back of the building. After considerable struggle and effort, I finally manage to reach the treasurer's office where, like any other citizen, I pay my taxes.

Another example which results in considerable emotional reactions is my endeavor to carry on business with the banks. Here again I meet with obstructions as I try to maneuver through the revolving doors into the building. Once inside, I find the work tables for completing deposit forms, as well as the ledge at the cashier's window, too high. I encounter such hindrances time and time again in public buildings, such as: libraries, schools, hospitals, bus stations, and rest-room facilities. Probably one of the greatest emotional problems facing the handicapped is that of architectural barriers which limit the mobility of the disabled.

There are definite advances for the handicapped, especially in the technology of diagnosis and in rehabilitation. The new techniques make it possible to minimize the level of disability and enable the handicapped person to adjust and adapt to his condition. Furthermore, there is a trend toward a new concept in the field of rehabilitation, particularly in mental health clinics. This, in itself, will help considerably in aiding the disabled with their emotional problems but it does not meet all the requirements.

Last, and of equal importance, there has been an increased movement toward improving the financial support of rehabilitation services. This has been brought about partially through the efforts of organized labor which has incorporated rehabilitation provisions into insurance plans among industries and has made it possible to move into the general health services pattern. Many voluntary agencies have also contributed to the stimulation of improved services for the handicapped and their interest has helped to motivate the public's conscience and has gained the public's direct support and assistance.

COMPREHENSIVE PLANNING FOR THE HANDICAPPED

by MATTHEW J. TRIPPE, Ph.D., Program Specialist, Educational Programs for the Emotionally Disturbed, Washington, D. C.

I have been asked to talk about comprehensive planning for the handicapped. Certainly, in thinking about this, there are many ways in which one might propose to go about it.

In our discussion tonight we will be concerned with the emotional problems associated with handicapping conditions, and we know that there are such problems. Further I have been asked to develop a philosophical approach to planning for the handicapped, and to minimize the development of these problems; and finally to talk a little about some trends which are exciting and innovating and which may have implications for national, state, and local planning.

As I approach this task, I feel that perhaps our award recipients, Mrs. Litty or Miss Brim, might better talk with you about these things since they have done things which I wish I had done, but this is my task and these are serious questions.

To truly engage these questions, I feel that it is "so much hollow" to talk about cooperation, not that there is anything wrong with this, but I think that this is something we all appreciate, that we all understand, and that we all get frustrated about when it doesn't occur. What I think we need to do is step back a little and ask ourselves the question, "What about the conditions in our

society which may be related to the problems that we face?" From this point of view I can only hope my comments in this direction are deserving of your attention. I can mention some ideas, certainly none of them mine, only hoping that by doing so we may, in some way, in some sense, shorten the cultural lag—the implementation of ideas.

One important thing, in terms of social development, is the matter of timing. How one predicts this, how one knows about it, unfortunately is known only in retrospect. But certainly, there are times in a culture when people listen to ideas that have been kicking around for a long time. I am convinced that we have the knowledge, we have the facts, the task for all of us is to work toward tomorrow.

In searching and sifting, we should look at a number of interrelated ideas that may have a bearing on the question. One of the big problems, is the ideas that we have to talk about really challenge the fabric of our very existence, and form the basis for most of our professional activities. It is said that change is painful and in this case, if we are willing to endure the pain, the goal is certainly worth it. If it appears that I am unduly critical of others, please know that I am equally critical of myself.

The major question that we have to face is the mobilization of people with common goals and ideals for human purposes. If I have not settled you down at this point to compliant boredom or scared you off, then I invite you to look with me at a few of the major ideas which may shape our efforts and improve our services.

The first of these concerns the nature of disability or handicap. Secondly, I would like to talk about handicapping conditions as seen from the point of view of the world scene. The next point is the role of handicapping conditions in western society, and particularly in the United States. Then I would like to discuss how our society is organized in order to achieve its goals and what its goals are. The fifth point would be that which Charles Snow discussed in 1959, and one which has been reverberating in the academic scene for some time. This is the concept of the two cultures, the two cultures which do not communicate with each other: the scientific culture and the literary culture. Then there is a missing culture which has to do with the translation of scientific ideas into social action. Finally, I would like to mention the implications of some of these ideas for people who are interested in helping people.

The real question is how to take the benefits of the scientific revolution available for all human beings; to create a way of life that possesses those characteristics which permit people to function with dignity.

This is a difficult job for us today. It calls upon us oftentimes to play different games. We may not be able to change this for sometime, but not to be aware of this fact is tragic, both for ourselves and the people we work with. Unless we concentrate all of our energies on helping people to play a game which gives no quarter for handicaps, we will have failed.

The major theme I propose is that in America we have moved too fast. We try to solve problems which, in fact, we have already created without attention to the forces that create these problems. The requirements of the scientific revolution resulted in inappropriate use of human beings. This is basically the fact that technology requires efficiency, and efficiency requires the movement of masses of people, with an increased emphasis on conformity to make it work.

Conformity is engineered through repression and control, and this all arose in a cultural tradition of scarcity, when man was concerned with basic control of food, clothing, and shelter. We have achieved control over these problems, at least in the United States, and we are living in an age of scientific and material affluence. In this process, however, we have failed to ask how the organization "fits" for people—how these technical purposes "fit" with the basic condition of being human.

What has been missing, in the whole process, is an undergirding based upon understanding and concern for our fellowmen to guide our social evolution and planning. Often we are in the position of sending a fully trained, adequately certificated professional member, for example, a dietitian, to a starving man, rather than sending food.

Most problems one faces do not need new scientific discoveries; they are the result of failure to translate these discoveries into social action. Applied science has given us the tools to eradicate unnecessary suffering for millions. We have gone part way down the road. Our success in future games is based on the question of how long it takes for further translations, and is the measure of our refusal to play the current game which we are coerced unthinkingly into as a requirement of our social existence.

Now, how can we talk about disability? Well, first of all, we can talk about deviation from normality; we can talk about deviation from some standards or ideal-like health conditions. Many people feel that it is most appropriate to talk about

it as lacking a basic skill required by society, and I think the problem we face in rehabilitation is the problem of prejudice which refuses the individual the opportunity to demonstrate his confidence independent of a particular handicapping condition. Now this is a very important consideration (as we heard tonight from one of the recipients of the awards); however, in a larger perspective what about the individual who cannot master this? What about the individual who cannot meet the demands of a "meritocracy?"

The American School Board Association, in response to current trends in American education, released the following statement: "For the last decade or so, we have been preoccupied with the college-bound school population, the preparation of scientists, and the education of the gifted. But if we think we can build a viable, free society by educating the college-bound population, and in the process accumulating a human scrapheap of dropouts, social misfits, youth that feel unwanted, that hate themselves and everybody else—we are indeed a generation of sleepwalkers. Regardless of the affluence of the upper two-thirds, regardless of scientific breakthrough, no valuable free society can survive in the atomic age with one-third of its people in poverty, ignorance, unemployment, and worst of all aware of its own uselessness and absurdity."

Part of this problem is related to the dilemma that we face as we engage, concurrently, two concepts. One is the concept of equality and the other is the concept of individual difference. And, I submit that when we talk about one, we often forget about the other.

Now, this obviously is getting us closer to a general concern in terms of what do we mean by handicapping conditions. Are we talking only about physically handicapping conditions, or are we talking about famine, about high infant mortality rate, about childhood suffering, malnutrition and intolerable work practices? It seems to me that we can talk about physically handicapping conditions, psychologically handicapping conditions, and economically handicapping conditions, and one of the problems here is that, as one looks at the physically handicapped, he certainly can talk about psychologically and economically handicapping conditions and, as one looks at the psychologically handicapped, I suppose he might introduce psychomatics here and talk about physically and economically handicapping conditions. And, when we talk about the economically handicapped, we most certainly are talking about phyically handicapping conditions and psychologically handicapping conditions. These are not separate problems; they cannot be teased apart. We often do it for purposes of study, for purposes of analysis, and too often for purposes of service.

This leads us to a concern for handicapping conditions in the rest of the world, and if it is true that in our society we have the luxury to be concerned with things that in other societies they cannot be concerned with—we can talk about physical restoration, talk about preventive health—what of the rest of the world?

While we are living better and longer and working less, what about the rest of the world? In all non-industrial societies people are eating at a subsistence level, and the estimate of the World Health Organization is that this subsistence level is dropping in terms of the amount of food that is eaten. Life is nasty, brutish, and short. The rate of social change is accelerating. Previously, change was difficult to see, but now changes take place in a decade. People who were formerly content to wait for benefits for their children, no longer are patient for it for themselves. Our choice is one of two: to contain them, or to face the problem. In America now, the rich and the poor have not been a central issue for many years. On the world scene we have an affluent society and we believe the world's image of us. That was, up until the depression. It was then that President Roosevelt said that one-third of our country is ill-clothed, ill-fed, and ill-housed. Having moved through this to the relative affluence that we have enjoyed subsequent to the wars, we are still impressed with the fact that, anywhere from one-fourth to one-fifth of our people still fit this categorization, and yet our lives are conducted or have been conducted as though this problem did not exist.

Now, we have discovered the poor, or have the poor discovered us? I think that it is because our own poor have learned what the poor throughout the world have learned and they are not content to wait. Adjusting people to the system, has failed. Many want to return to force as a means of containment, but our major social problems today: crime, school dropouts, juvenile delinquency, mental illness; all of them utilize what are manifestations of this basic problem. To some extent, we have developed a whole cult and myth of adjustments. The only area in which I have any professional confidence is what is generally happening in schools. To some extent our schools are modeled and run in ways generally that we all know could be improved upon. We have difficulties with children in school, and our recourse in the face of this problem is talk about hiring more guidance

people, more school social workers, and more school psychologists to help adjust these children to the school.

The essential question is this, if the individual and the organization do not mesh, our simplified way of working it out has been to work the individual over and make him fit. We used to club him on the head, throw him in chains, and put him away. Now we are "enlightened" and talk to him, give him therapy, and put him away. We operate on the basic assumption that it is in his mind, it is intra-psychic; he has inadequate perceptions; if we talk to him long enough and hard enough, we can change his perceptions. To some extent many people are concerned today that the contributions of Freud, in fact over the last forty years, may have delayed social change more than they have promoted it.

If we change the person, we do not have to change society. There is a certain irony here as we realize that with increased automation, people are talking about a shorter workweek. We are rapidly developing a whole system of professionals who are dedicated to helping people spend their leisure. But, I submit that if there is one thing people don't need, it is somebody to tell them how to spend their leisure; and if there is need for this, there is something wrong. We should change what is wrong rather than telling people how to spend their leisure time when it is theirs.

The next point I would like to develop is one to which I have already referred. This has to do with the development in the academic world of two cultures that do not communicate with each other. Sir Charles Snow identified these as the scientific and literary cultures, one of them emphasizing curiosity and the use of symbolic systems of thought, and the other more concerned with verbal communication. Sir Charles Snow was harsh with both of them. He saw the scientists as living in a world they know little about, and the men of letters prepossessed by a world that never existed, neither communicating with each other. In their desire to return to the "good old days" they were forgetting that the "good old days" were for mighty few people. Most of our ancestors came to America to escape the oppression of a miserable existence and share in the benefits of opportunity in the industrial revolution. In our country today, as has been true everywhere, it is being seen in the developing countries, the poor are leaving the land and are flocking to the city as fast as the factories will take them, and this has always been so. The social unrest in our northern cities is both explained and complicated by the mass migration of low income southerners, the majority of whom, by accident of history, are Negroes.

I would propose that we consider a third culture that is concerned with humanism. The evil is not the cities and the vast organization that caused them, but the fact that the organization being intent upon ease of adminisration and efficiency has paid little mind to what people need to become real people. The social problems we face are not causes to be cured, but in a larger sense, symptoms. The change requires that the causes be discovered and attended to. This is a task for intellectuals from a number of fields concerned with how human beings are living or have lived, a scientific basis of human nature. We are both preoccupied with equality of opportunity and individual differences. As we learn more about predetermined aspects of human differences, one can hope that it will make us feel more responsible, not less, toward our fellowmen. In life each of us is alone, as the existentialists tell us, but as we look to others, we see the emotions of love, affection, loyalty and dedication. Each of these others also stands alone, but we can help one another. In offering this help, we become more fully human. If we can improve the quality of one life, it may be the beginning of social responsibility. It does not require a single new scientific discovery, though new ones will continue to help. It depends upon our ability to translate the knowledge we have into action, by hostility to the abuse of research, too often used as a substitute for social action.

Today, we find ourselves somewhat bankrupt of ideas in terms of social reform; in fact, not much that is happening is exciting. For example, a considerable amount in social psychiatry is a transplantation in America of a number of ideas which originated in England. In the forty years of progress since the National Commission for Mental Hygiene, first supported through the Commonwealth Fund, the development of mental hygiene clinics, we have achieved in forty years, according to an estimate of the National Institute of Mental Health, 400 board-approved child psychiatrists. Each year mental health clinics see about 200,000 children, but less than one-third of these actually receive treatment, and of those treated more than half have fewer than five interviews. So accustomed have we become to finding joy in the minimal accomplishments of disturbed children, that we become equally enthused in what must, in all objectivity, be seen as pitifully small gains in expansion of services for disturbed children.

Where do we go from here? What are some of the implications for action? We need to act and we need to act now. There was a conference in Washington about a year ago and Gunner Murdall, the distinguished Swedish economist, walked in, got up in front of the speaker's platform, pounded his fist, and said, "What are you all sitting around for? There's work to be done, and it needs to be done now." I do not propose to do that, but to return to my earlier statement about the starving man, he does not need a dietitian, he needs a supply of food.

Many of the problems that we need to tackle are the result of the kind of provisions that we fail to make at the time we should be making them. For example, let me tell you of the thing that most shocked me in this, and I consider it fortunate at this time. One day I visited two facilities for children. One was a fancy, expensive, creative, new type of facility that was trying out a number of new ideas for disturbed children with a staff and child population about equal in ratio. The cost of sending a child to such a facility was somewhere around $8,000 a year. That afternoon I went to a home for dependent and neglected children, where children in large wards were so starved for affection that they called any adult that walked through "daddy" or "mommy." The problem here was trying to get something above a minimal subsistence level in terms of caring for these children, and yet in the course of a few years we will be wondering what we can do about the problem of juvenile delinquency and what can be done about these young thugs.

One of the interesting things about this is that 22 percent of the population of this institution, which had children from 6 months to 16 years of age, were complete wards of the local government. If ever there was an opportunity for social invention, this was the time. Because, in my experience, when you talk about what you can do about emotionally disturbed children, everybody says, "Well, you cannot do anything with children if you cannot do anything with the parents." Well, here 22 percent of the population of this facility had the State as parents, and yet they were being cared for and that is all. I submit that if we cannot rise to these things, then to whom can we look for the responsibility that we fail? The answer then, as I see it, is to be seen in the youth. The youth, I think, are failing to accept the platitudes, the pat-answers that adults are giving them, and I would submit for evidence of this, that I would ask you to look at things like the Peace Corps, and young college students working in voter registration, college students who are going to the back wards of state hospitals and rehabilitating chronic schizophrenic patients who are not predicted to ever return to society again. The youth are rebelling both positively and negatively; negatively in terms of increased incidents of juvenile delinquency, and positively in the terms of increased responsibility. The point I would make is that these answers to these questions need people; they need the commitment and involvement of people, and there is no substitute for people.

The National Institute of Mental Health's support for the training of housewives as psychotherapists, the exciting experiment in Elmont, New York, where a group of children were too sick to go to the clinic and parents wanted them at home so they did not go to the hospital. The local health board together with the Department of Special Education solicited mothers in the community who would be willing to work with these children and report improvement in terms of the number of these children. I do not propose that all of them can be helped but the point is that these were children in the community who formerly did not receive service. By planning, by joint participation, a program was developed which resulted in important, needed, and necessary services.

There is a job to be done and if we propose it properly, and if we go out and solicit people for the job, the people will respond. One of the big things you hear in services for children is the extreme shortage of foster homes. If we had more foster homes we would be able to do more things for children than we are currently able to do and we would not need highly developed services. This is important enough to get done. Why do we not get it done rather than to sit around saying, "There are not enough foster homes for children?" When was the last time you say any literature or any demand requesting or making you aware of the fact that we need, urgently, more foster homes for children? Some of our regulations interfere with it. Maybe we ought to look at the regulations. There are other factors involved. Our houses are too small. Maybe people ought to be given some kind of subsidy in order to move into a larger house. What I am saying is simply that there ought to be more than one way to skin this cat, rather than set back and just say, "Well, you know, it just cannot be done." Only then, I believe, will we be able to find the kind of public and private support for the necessary services to make it possible for all the benefits.

We cannot help handicapped people understand themselves without first facing the question

of self-understanding that comes not in a controlled experiment or by taking with someone else, but more importantly by doing. As human beings engaged in activities that are worthy of our investment, I would say that people do need people.

THE MISSING LINKS

by ROBERT O. YOHO, H.S.D., Director
Bureau of Health Education, Records and Statistics, Indiana State Board of Health
Indianapolis

In the next few moments I plan to discuss some of the "under-achievements" in rehabilitation in Indiana. I hope you recognize that I am aware there have been achievements; but no good purpose will be served by merely patting you on the back for what you have done. Mr. Caniff, in his remarks yesterday, related some of the real progressive trends.

In the beginning I will speak generally of what I view as weaknesses, becoming more specific later. I hope the theme of the conference "Preventing a Handicap from Becoming a Disability" does not involve any argument based on semantics. It might have been more appropriate to say "Preventing a Disability from Becoming a Handicap." The theme should convey the impression that any problem interfering with normal achievement would, hopefully, be resolved and corrected to the degree possible.

One of the missing links is lack of understanding concerning the real meaning of rehabilitation —the purposes and the objectives. The public has a limited understanding of the program, and it is possible that the vocational aspect of rehabilitation has been considered as the total rehabilitation program. A more effective interpretation of total rehabilitation must be presented to the public. This is not easy. Even within professional groups, who should be knowledgeable, there is frequently a lack of appreciation for the total field of rehabilitation.

Another means of facilitating understanding between professionals would be the compilation of a rehabilitation vocabulary.

Few people in the field of rehabilitation have demonstrated any great concern for the prevention of handicaps and disabilities. It has been stated that fifty percent of mental retardation may be due to environmental factors. Even though the accuracy of this figure may be questioned, one would assume that rehabilitation and public health workers should be greatly concerned with the possibility of prevention.

To be more definitive I have classified the missing ingredients in Indiana's rehabilitation program into two categories: the missing links within the general public and within professional groups. It is obvious at both the state and local levels that most rehabilitation services are little more than token services and do not meet rehabilitation needs. They do little more than salve the conscience of a community and leave the impression that something is being done for the handicapped individual. There are exceptions, but this is basically true of Indiana as a whole.

All too often the services which do exist are disjointed, disbursed, and unrelated. One may attend a meeting concerned with the problems of the aged and aging; the discussion centers around rehabilitation; however, there is little knowledge of activities of other groups active in the general area of rehabilitation. In a meeting concerned with children and youth, the problem of rehabilitation is of basic concern; but the thinking is independent and unrelated to rehabilitation in general. Special education programs frequently operate completely unaware of rehabilitation activities in the state and in the community. Surely, coordination can be achieved at the local level even if it is difficult at the state level.

There is not a single community in the State of Indiana where one agency is charged with the responsibility for assuring the planning and development of rehabilitation programs in that particular community. Nor is there a single community in Indiana where there is an organized plan of intake and referral which assures that the handicapped person will be moved in and out of services until the rehabilitation process has actually been completed. There is little evidence of a well-conceived plan for a statewide program of rehabilitation based upon community needs—a plan which spells out the responsibilities of the official agencies, the voluntary agencies, rehabilitation centers, sheltered workshops, and professional groups. Such planning does exist for hospitals, and it is coming in mental health. It exists in other fields. If Indiana is to have the type of program it should have, each community program has to relate to that of other communities and all relate to a state plan.

In the professional area, let us consider technical aspects of rehabilitation services. There are no established criteria or standards of evaluation by which the handicapped among the people of our state can be identified. As a result, a community cannot evaluate accurately its problem in this area;

as a result, planning for services and for facilities is primarily on a trial and error basis.

The shortage of personnel to man rehabilitation programs includes: physicians, nurses, therapists, counselors, administrators of rehabilitation programs, social workers, etc. I am not aware that any one group or agency is aggressively moving ahead in the training of personnel for the rehabilitation program. Therapists are trained; but, as individuals, we are not preparing the various specialties to work as a team to accomplish the objectives of rehabilitation.

We believe that the physician is the key to rehabilitation in Indiana. Until every physician assumes that his responsibility continues after the acute problem is solved and until the individual is returned to the fullest relationship possible with his family, community, job, and himself, the rehabilitation program will not accomplish its objectives.

Too many agencies involved in rehabilitation are more interested in attempting to be what they would like to become than in functioning as they should. There is a role for each agency, each group, and each individual. We know the job that needs to be done. We should use the strength of each agency or individual to get that job done. It is unfortunate when an agency, because of other concerns, becomes involved in areas that overtax its capabilities.

There is considerable concern about the funds now available for research—not just in the field of rehabilitation but also in other fields—and the use made of these funds. Some leaders in the field tell us that enough is available for research. Others contend that the funds available for research are inadequate. In this field most research has dealt with techniques of straightening an arm, putting on a brace, or other restorative activities. Little study has been made of the organization and administrative procedures in rehabilitation. Research is needed in this area.

Recent conferences on aging have been concerned with the employment of individuals after the age of 65 years. Other groups are concerned with the employment of youth; others with retraining the unemployed. While this is happening, automation reduces the number of jobs available. To resolve the problem of unemployment, early retirement is being advocated. New union contracts provide for an early retirement age and longer vacations. Urging employment of a particular group of people while, at the same time, advocating the labor market be opened by taking people out at an earlier age seems to be in conflict. The primary reason for working has, in the past, been the need to earn a living. In the future we may have to consider two reasons for working: to earn a living and for therapeutic reasons.

The increased problems concerning the handicapped are primarily the result of American ingenuity; that is, because of advances made in medical technology, handicapped people are with us in greater numbers and we are faced with a larger problem. If this results from American ingenuity, surely we can expect that some of these problems can be solved by the same ingenuity.

PANEL DISCUSSIONS

"AS WE SEE THE PROBLEM"

(Reported by Margaret Warner, M.P.H., Health Education Consultant)

Panel #1: Thursday, October 8, 1964—8:45 A.M.

Moderator: H. Paul Messmer, Liaison Officer, President's Committee On Employment of the Handicapped, Department of Labor, Washington, D. C.

Panel Members: Mrs. Amelia Cook, State Chairman of Special Education Indiana Congress of Parents and Teachers, Indianapolis
James E. Simmons, M.D., Psychiatrist, Indiana University Medical Center, Indianapolis
Dr. D. F. Brown, Professor, Division of Guidance and Counseling, Indiana University School of Education, Bloomington
James Peeling, Ph.D., Professor of Sociology, Butler University, Indianapolis

"Preventing Handicaps Among The Disabled" from the viewpoints of psychiatry, school guidance and counseling, sociology and the organizational framework of the PTA calls for review of some of the concepts we seemingly have adopted as guiding principles. We often *talk,* "handicapping conditions," *act,* "handicapping people." Do we *mean* exceptional people with handicapping condition?

The Parent-Teachers Association discourages school policies isolating exceptional children, believing that children must grow in a real world environment; that from the beginning their experiences must relate to the whole. This calls for sensitivity on the part of teachers, both toward the individual child in his special uniqueness, and toward the individual home with its unique environmental atmosphere of attitudes and behavior patterns.

Psychiatric counseling of parents of exceptional children frequently find that parental progression passes through three developmental stages: (1) ego-centered; (2) child centered; (3) total (community) centered. It is not unusual to find parents of exceptional children to "play ostrich" until school-entrance-age arrives. Fathers are deeply involved. Attendant degrees of anxiety and guilt feelings are not always proportionate to the degree of disablement suffered by the child. Help may be effected by "being non-judgmental, non-blaming, non-directive" . . . "closed mouth, opened ears" . . . assisting parents to reach *stage-two* where there is greater readiness to accept realistic child-appraisal, and subsequent growth to stage-three."

When an exceptional child enters school, the school counselor can contribute toward broader understanding of what "help" means *(parents, teachers),* and in helping a child find choices at decision points. The counselor can help a child make choices less accidentally; can assist in identifying needs peculiar to the child; can help in preservation of the uniqueness of each child; and, conversely, can represent the school to the child.

From the over-all preventive point of view, there is need for more research knowledge . . . particularly of the mentally defective . . . environmental factors, nutrition, physical exercise, general climate, over-all philosophy, etc. There is need for expanded prenatal services (degree of birth and congenital disability goes up in inverse proportion to prenatal care). There is need to take genetic knowledge into consideration into the area of family planning. And, perhaps, the time has come for us to be willing to talk about therapeutic abortion.

Our existing social climate is not particularly suitable for the exceptional person to reach his potential . . . "we are caught up in the breeze of egalitarianism . . . which can have kickbacks . . . a not inconsiderable number of young people are led to believe they are geniuses, when in reality they are but adequate." *It is important to be aware of self-limitation, as well as, of potential.* "The exceptional person may need some modification of our economic structure . . . as related to employment hazards, fringe benefits, etc., for full realization of his potential."

We still seem to have a deep down *feeling of apartness* about the handicapped. We need to work harder on *our philosophy of the human resources of human beings;* work harder toward particular social programs. *We need to build bridges* between homes and schools, between professions and parents, between professional services, homes, schools, work and social-communities.

"Preventive Rehabilitation Services"

(Reported by Margaret Warner, M.P.H., Health Education Consultant)

Panel #2: Thursday, October 8, 10:15 A.M.

Moderator: Carl D. Martz, M.D., Orthopedic Surgeon, Indianapolis

Panel Members: Gayle S. Eads, Director, Voca-

tional Rehabilitation Division, State Department of Public Instruction, Indianapolis
Verne K. Harvey, Jr., M.D., Director, Bureau of Special Health Services, Indiana State Board of Health, Indianapolis
Stewart T. Ginsberg, M.D., Commissioner of Mental Health, State Department of Mental Health, Indianapolis
Leslie Brinegar, Acting Director, Division of Special Education, State Department of Public Instruction, Indianapolis

Removing certain road blocks in the way of exceptional persons so that they may move more freely in the mainstream of our society asks that we do a better job with the services we have, re-examine our attitudes and scrutinize our assumptions about services being rendered.

The Vocational Rehabilitation Division is *primarily work directed;* it is not a therapeutic agency *per se.* The vocational counselors of the agency basically influence people for improvement; offering a helping relationship in problem-finding, identification, solution. Inservice training opportunities are continually provided for counselors to broaden their scope. They cover a wide range of human endeavors. When a person is referred to the Vocational Rehabilitation Division studies are made and potentials are assessed *before* jobs are recommended. A basic fundamental is, *"Does he want work?"* Attitude, if the foundation upon which the tailored work-directed-rehabilitation program, is created for a client. The approach is practical: stay within areas of competence and feasibility; "failures" are to be expected sometimes; "keep the door open and swing with it."

Public Health has long been concerned with the prevention of disabilities. Its programs are based upon research. In essence, research digs out data, public health (broadest sense) works on these data, identification follows, leading to action. Problems confronted by public health show dramatic results when viewed from the point of several generations, particularly in the control of communicable diseases. Today's major health problems differ. . . . Today's problems call for more individual initiative. "Laws, resolutions by city councils cannot protect an individual from glaucoma. He must take the initiative himself to put the wheels of prevention in motion. Many of the major health problems society faces today are of the type for which there are no known primary preventive measures, but their control depends on detection as early as possible and treatment begun to affect cure, prevent progression or minimize potentially handicapping conditions, if possible. This applies to early detection of certain types of heart disease, cancers of certain types and sites, glaucoma, diabetes, phenylketonuria and certain forms of mental illness."

Early detection and early treatment are keystones of prevention . . . for the delay or reduction of disabling conditions following in the wake of certain chronic diseases.

Health communication rises to high level importance in meeting today's needs . . . stretching from the pure research laboratory on the national level to the individual citizen in his own home. In order to have clinical application of research, to early detection, to progressive treatment and care, we need to strive for continuing education for and among professional health workers, for the development of community mechanisms whereby vendors of health care and citizen groups will come together and plan for effective use of health services continuum basis . . . health education programs which motivate individuals to actively assume more and more responsibility for their own health.

Rehabilitation of the emotionally disturbed, the mentally ill and mentally retarded is still a new concept. Within our memory mental hospitals were primarily receptacles for the rejection of the disturbed. This is no longer true. Today focus falls upon treatment, recovery, rehabilitation. Vocational guidance initiating within the hospital helps patients prior to, and at the time of, release . . . a continuity of service rather than a new service. *Early diagnosis, treatment, and rehabilitation services on a voluntary basis and as close to home as possible has been the "new" working concept of the past three years.* Prevents disruption of the comfort and confidence inspired by familiar services. . . . More patients recover, and more improve faster under such circumstances. Voluntary admission precludes legal procedures . . . disrupted employment . . . changed citizenship status. This has been one of the greatest aids in patient rehabilitation.

Elementary and secondary schools can substantially assist in the total program through special programs to meet special needs. These may take various forms such as play therapy, family counseling, special education, etc. Although needs cover the whole range of our school program the time has come for us to particularly concern ourselves with opportunities at the secondary school level.

AWARDS

AWARDS PRESENTATION

A. C. Offutt, M.D.

The Governor's Rehabilitation Awards Program was designed to honor deserving persons and organizations in Indiana's effort to increase employment opportunities for the handicapped. This program was constructed to correlate with the awards program of the President's Committee on the Handicapped. Persons nominated for a Governor's Award will also be considered for nomination for the appropriate national award of the President's Committee.

A nomination for an award can be made to the Commission for the Handicapped by any Indiana agency or individual working with the handicapped; however, I wish to point out that the Commission feels it is not mandatory that all awards must be presented each year. The presenting of an award is determined by the nominations received, and the appropriateness, in relation to the established criteria for each award. This year there are two awards to be made.

I wish to extend thanks to the Awards Committee and the Commission for the Handicapped for their sincere effort in recommending one of the nominated candidates for each award that is to be presented tonight.

Distinguished Service Award

The first award to be presented is that of the Distinguished Service Award. This award may be awarded to any Indiana organization, agency, or individual making an outstanding contribution in advancing the employment of the handicapped Americans.

This award is given to extend public recognition for meritorious service in promoting better public understanding of the employment capabilities of the handicapped. It is hoped that, through this recognition, others will become interested, public understanding enhanced, barriers removed, and opportunities expanded for suitable employment of the handicapped.

The recipient of this year's award is Mrs. Mary Litty, Executive Secretary of the Evansville Epilepsy League, Inc., and Vice President in charge of personnel for the Epi-Hab, Evansville, Inc. Mrs. Litty was nominated by the following organizations:

The Division of Vocational Rehabilitation of the Department of Public Instruction;

The Evansville Branch of the Indiana Employment Security Division;

The Community Council of Vanderburgh County, Inc.; and

The Evansville District Office of the Division of Vocational Rehabilitation, Department of Public Instruction.

Mrs. Litty is a wife and mother of four children: quite a task in itself. She was nominated, however, for making an exceptional contribution to the advancement of the handicapped and, especially, those with epilepsy. The work that she has done has attracted local, state and national attention. Mrs. Litty is one of those rare individuals who is willing to devote much of her personal efforts and time to improve the status of someone who has, in the past, been relegated to a second-class position in our society.

To mention just a few of her more outstanding accomplishments, in 1957 she was instrumental in securing passage of the law removing restrictions of epileptics in marrying; in 1959-61, she was instrumental in proposing legislation liberalizing the law regarding employment of epileptics; in 1963, Mrs. Litty received national recognition by being asked to hold an institute on epilepsy in Evansville. The institute was attended by seven state agencies and twenty-one national agencies, and deemed a tremendous success. And, the latest indication of her dedication has been the establishment of an Epi-Hab Production industry in Evansville.

Wife, mother, and a distinguished citizen: it is my pleasure to present this award to Mrs. Mary Litty—Mrs. Litty.

The Governor's Trophy

The Governor's Trophy may be awarded each year as a special honor to a handicapped Hoosier who has surmounted his or her own handicap to become a useful citizen, and who has helped to encourage and inspire or facilitate the employment of other handicapped persons.

This year's trophy is being awarded to Miss Charlotte L. Brim.

Miss Brim was nominated by the Indiana State Nurses Association.

Miss Brim was, and is, a teacher. Prior to an accident which rendered her with permanent paraplegia, she was a music teacher in the Indianapolis Public Schools.

Determined to resume her vital role in life, Miss Brim began her rehabilitation. She achieved ambulation with the aid of braces and canes and was able to provide complete self care. Four months

later, in September 1947, she had become rehabilitated to the extent that she could resume teaching and was transferred by the Indianapolis Public Schools to the Riley Hospital School where she has been teaching since. During the first year she was teaching, rehabilitation efforts were continued until she became totally independent.

Miss Brim has made an excellent adjustment to her permanent disability. Uppermost in her mind, her behavior and attitude has been financial and physical independence. She expended many hours of hard physical energy to master skills on braces and canes as well as in her wheel chair. She has missed very few days of work the 17 years she has been teaching at Riley. More important, she has exhibited unusual courage and morale to other disabled patients with whom she has been in contact—both children and adults. She has encouraged many of her students to continue their education so as to become employable. Further, she has inspired many, who in the early phase of disability were most discouraged, to pursue rehabilitation skills so as to become employable.

She has been an inspiration to an unknown number of disabled persons through her charming personality, interest, attitude, and behavior. This inspiration so often came to patients when disability was yet acute and, therefore, at a time when it was very important and meaningful.

Ladies and gentlemen, it is my pleasure to present the Governor's Trophy to Miss Charlotte Brim—Miss Brim.

SPECIAL SESSIONS

Rehabilitation Open House

The following facilities held Open House for persons attending the Governor's Fourth Conference on the Handicapped:

Indiana University Medical Center
- Audiology and Speech Clinic
- Children's Dental Clinic
- Physical Therapy Clinic
- Occupational Therapy Clinic
- Cerebral Palsy Clinic

Larue Carter Memorial Hospital
Marion County General Hospital, Rehabilitation Department
Crossroads Rehabilitation Center
Goodwill Industries
Indiana School for the Blind
Indiana School for the Deaf

Various types of programs were presented. Besides a general tour of each facility, visitors were shown slides, movies, and given time for brief question and answer periods. This was the second year for this addition to the general format of the conference and has proved to be a very successful and noteworthy activity. Approximately 100 people participated in the tours and many expressed a desire to have this type of activity included in the next Governor's Conference.

The facilities that held the open house programs were well pleased with the enthusiastic participation of the conferees and expressed a willingness to conduct similar programs for a future Governor's Conference.

Special Interest Sessions

Eight voluntary health agencies of Indiana conducted special interest sessions open to all interested persons. These programs were held on the afternoon of the first day of the conference and were well attended.

A survey of the various agencies indicated that the sessions were attended by over 150 people who were enthusiastic and interested in the programs presented. All participants felt that this phase of the conference was a worthwhile activity and expressed a desire to have it included in future Governor's Conference.

The following organizations presented programs in their area of special interest:

Division on Alcoholism
Indiana Societies for Crippled Children and Adults, Inc.
Indiana Association for the Deaf
The National Foundation—March of Dimes
Indiana Association of Sheltered Workshops
Indiana Association for the Prevention of Blindness
Indiana Epilepsy Society
National Rehabilitation Counselors Association

CONFERENCE STATISTICS

Conference Statistics

Total number of persons registered for conference 229

Meals served: Luncheon, October 7 151
Banquet, October 7 146
Luncheon, October 8 88

Attendance was not recorded at the two panel sessions; however, it is estimated that about 175 persons were present at each session.

The Conference registration cards requested that each registrant indicate the organization he was representing and his major personal interest. Following is a compilation of these responses. In no case should the totals given be construed as the total representation of those agencies or of the various fields of interest listed.

COLLEGES AND UNIVERSITIES

- Ball State 2
- Indiana University Medical Center 7
- State University 1
- Miscellaneous 1

FEDERAL AGENCIES

- Civil Service Commission 1
- U. S. Office of Education 1

HOSPITALS

- Mental 5
- Medical 15

RESIDENTIAL SCHOOLS

- Fort Wayne State School 2
- Indiana School for the Deaf 12
- Indiana School for the Blind 7
- Muscatatuck 1
- St. Elizabeth's School of Nursing 7

PRIVATE FACILITIES

- Salvation Army 1
- Goodwill Industries 11
- Wabash County Cheer Club, Inc. 5
- Bethel Home Place for Boys 1

PROFESSIONAL ASSOCIATIONS

- Indiana Epilepsy Society, Inc. 1
- Association of Rehabilitation Centers, Inc. 1
- Indiana Occupational Therapists Association 1
- Indiana Association of Osteopathic Physicians and Surgeons 1

STATE AGENCIES

- Indiana Agency for the Blind 11
- Department of Correction 1
- Department of Public Welfare 3
- Division of Employment Security 8
- Commission for the Handicapped 2
- Division on Alcoholism 2
- Division of Special Education 3
- Division of Vocational Rehabilitation 32
- State Board of Health 11

VOLUNTARY ORGANIZATIONS

- Allen County League for the Blind 1
- Associations for Crippled Children 9
- Associations for Retarded Children 3
- Community Service Councils 3
- Indianapolis Speech and Hearing Center 1
- National Foundation—March of Dimes 1
- President's Committee on Employment of the Handicapped 2
- Evansville Rehabilitation Center 2
- Indiana Society for the Prevention of Blindness 1
- Indiana State—Parent-Teacher Association 1
- Evansville Association for the Blind 2
- Horizons Unlimited Corp., Elkhart 1
- Evansville Epilepsy League 1
- Crossroads Rehabilitation Center 3
- Marion County Mental Health Association 1
- Muscular Dystrophy Foundation 1

LOCAL AGENCIES

- Elkhart County Department of Public Welfare 2
- Logan Training Center, South Bend 2

OTHERS

- Fort Wayne Visiting Nurse Service 1
- Organized Labor 1
- Prosthesis Manufacturing Company 2
- Public School Systems 26
- Richmond Combined Enterprises 2
- Miscellaneous 6

Major Interests of Persons Attending the Conference

- Alcoholism 2
- Blindness 18
- Deafness 12
- Counseling
  - Rehabilitation 10
  - Employment 13
- Employment Security 5
- Epilepsy 2
- General Rehabilitation 7
- Medicine 3
- Mental Health 3
- Mental Retardation 7

Muscular Dystrophy	1
Nursing	13
Optometry	1
Public Health	6
Public Welfare	5
Social Work	4
Special Education	5
Social Rehabilitation	1
Speech and Hearing	4
Teaching	24
Occupational Therapy	10
Physical Therapy	9
Vocational Rehabilitation	36
Psychometry	1
Community Planning	1
Not indicated	18

ATTENDANCE LIST

Governor's Fourth Conference on the Handicapped

ATTENDANCE LIST

Joe Afanador
210 E. Columbus Drive
East Chicago

Kenneth Akers
402 Northwestern
West Lafayette

Mr. and Mrs. James R. Alley
6541 Parker Lane
Indianapolis

Hazel Altmann, R.N.
2320 Kessler Blvd., N. Dr.
Indianapolis

Jean Anderson
Division of Special Education
State House
Indianapolis

Jeannette Anderson
4630 Rookwood Avenue
Indianapolis

Wynne Arnholter
6743 East Michigan Street
Indianapolis

Sarah H. Ashman
7725 North College Avenue
Indianapolis

Mary Atterbury
800 North 14½ Street
Terre Haute

Elaine T. Bailie
960 Locke Street
Indianapolis

Melvin S. Baird
722 East Corby
South Bend

Tom Baldwin
7996 East 10th Street
Indianapolis

Dean L. Barnhart
3000 West Washington Street
Indianapolis

Dr. and Mrs. Neal E. Baxter
306 East 5th Street
Bloomington

Joan Beghtel
2 Cloverleaf Drive
Wabash

Ruth E. Blake
8622 West Washington Street
Indianapolis

Earnest L. Bennett
R. R. 17, Box 375
Indianapolis

Mrs. Robert Bennett
P. O. Box 68
Wabash

J. E. Berkshire
2701 Mishawaka Avenue
South Bend

Mrs. Edythe L. Best
3744 East 55th Street
Indianapolis

Rev. Dallas W. Blackburn
R. R. #1
Gaston

Wade Bollinger
6827 Fairview
Anderson

Abe Bondeson
205 Harrison
LaPorte

Jack Bonham
709 South Center
Terre Haute

Patricia Bowser
4477 Jackson
Gary

Mrs. (Capt.) Dan Boyer
226 East Michigan Street
Indianapolis

Robert J. Bradley
R. #1, Box 374
Evansville

Richard J. Brantner
425 Conn., Apt. #707
Gary

Charlotte L. Brim
5917 Radnor Road
Indianapolis

Mr. and Mrs. Leslie Brinegar
7908 E. 33rd Street
Indianapolis

Evangelyn F. Brown
515 Edwards Road
Elkhart

Doris Bryant
1635 West Michigan Street
Indianapolis

Dan Burda
30 College Haven
Anderson

Marcia Butcher
1100 West Michigan Street
Indianapolis

Olivia Cascadden
Box 385
Lapel

Kenneth I. Chapman
615 North Alabama Street
Indianapolis

Ilean J. Chew
1805 Ferry
Lafayette

Susan Christian
4460 Marcy Lane, Apt. 89
Indianapolis

Elizabeth Cleghorn
P. O. Box 64
Centerville

Eunice Coleman
626 Menger
South Bend

Mrs. Charles L. Collins
645 North East Street
Wabash

James L. Collins
4425 Guilford
Indianapolis

Keith W. Collins
3105 North Lawndale Avenue
Indianapolis

Mrs. David Cook
7043 North Delaware Street
Indianapolis

Ernest Cooney
220 Highland
Hammond

Betty C. Corya, M.D.
1635 West Michigan Street
Indianapolis

Charles F. Crews
441 Owens Street
Bloomington

Kenneth M. Curtin
1804 S. Boere Road
Evansville

Charles E. Caniff
828 Davis Street
Evanston, Illinois

Mr. and Mrs. Howard C. Carroll
536 West 30th Street
Indianapolis

Gary A. Curtis
4187 Carrollton
Indianapolis

Brynda Dalrymple
5924 Maplewood Drive
Speedway

Rabbi Maurice Davis
6501 North Delaware Street
Indianapolis

Mrs. Lulu Denny
191 W. Hill
Wabash

Harold M. Dick
223 North Pershing
Rushville

Arthur L. Drew, M.D.
4349 Washington Blvd.
Indianapolis

C. L. Dunlap
701 Hawthorne
Bloomington

Mr. and Mrs. Gayle S. Eads
410 North Meridian Street
Indianapolis

Margo Eastman
4515 Colony Road
Indianapolis

Mary Alice Eisaman
1011 Riverview Drive
Bluffton

Dorothy Ericson
4219 Lincoln Road
Indianapolis

D. Bruce Falkey
3000 West Washington Street
Indianapolis

Roy N. Fenn
Tell City

Nadine B. Fisher, D.O.
5824 College Avenue
Indianapolis

John K. Flake
500 2nd Avenue
Evansville

Margaret A. Foster
1635 West Michigan Street
Indianapolis

Georgiana Garlock
5164 Winthrop
Indianapolis

Dr. Daniel A. Gawronski
1202 North Wheeler
Griffith

Donna Gibson
3110 Burr Oak
Elkhart

Mary Gill, R.N.
2648 Applegate Street
Indianapolis

Dorothy Gillman
702 Williams Street
Elkhart

S. T. Ginsberg, M.D.
State Mental Health
Commissioner
1315 West 10th Street
Indianapolis

Mrs. S. T. Ginsberg
7222 Steven Lane
Indianapolis

Mrs. Oliver Good
137 Shady Lane
Wabash

Walter R. Goodwin
3616 North Sherman Drive
Indianapolis

Hildegard S. Gordon
2016 Euclid
Muncie

Edward T. Gorman
210 East Columbus Drive
East Chicago

Mrs. Yvonne Graf
7438 Evanston Avenue
Indianapolis

Mrs. Juanita K. Graham
615 North Alabama Street
Indianapolis

Ruth Grummon
960 Locke Street
Indianapolis

Frank M. Hall, M.D.
100 North Senate Avenue
Indianapolis

Floyd W. Hammond
1301 North Audubon Road
Indianapolis

Doris W. Hanks
2202 Dakota Drive
Lafayette

James Haralson
6402 North Keystone Avenue
Indianapolis

Deotis Hardeman
1210 West 36th Street
Indianapolis

Arlene Harmon
3606 Balsam
Indianapolis

Dorothy Harmon
3020 Wayside Drive
Evansville

William K. Harris
615 W. 43rd Street
Indianapolis

C. D. Hawblitzel
2701 Mishawaka Avenue
South Bend

Hannah Hazzard
20700 Louise Lane
South Bend

Vernon K. Hazzard
20700 Louise Lane
South Bend

Elmer O. Heller
Milan

John E. Helme
1941 State St.
New Albany

H. Allan Heuss
301 East Streeter
Muncie

Wm. H. Hickman
R. R. #6, Box 195
Muncie

Mrs. Anna Marie Hipple
701 State Office Building
Indianapolis

Paul H. Hoge
Danville

Sue Hudelson
40 North Campbell
Indianapolis

Leona Holder
2828 Kessler, North Drive
Indianapolis

Harold D. Huffine
6267 Raleigh Drive
Indianapolis

Robert L. Huffman
Indpls. Goodwill Industries
1635 West Michigan Street
Indianapolis

Norm Hufford
7009 Balsam Lane
Fort Wayne

Mrs. Laura E. Hughes
502 North Senate
Indianapolis

Mrs. David Hunt
1114 Wells Street
Lafayette

Raymond Hunt
601 Ohio Street
Terre Haute

Durward A. Hutchinson
7725 College Avenue
Indianapolis

Ruthanne Imler
2459 Main, Apt. #303
Anderson

W. E. Jackson
1919 Central
Lafayette

Janet D. Jarvis
2637 Coldspring Drive
Indianapolis

M. O. Jeglum
3616 North Sherman Drive
Indianapolis

Bernice L. Jenkins
Route 2
Roanoke

Bernice Jones
1401 East 10th Street
Indianapolis

Gordon C. Kennedy
1925 Berkley Place
South Bend

Freeman D. Ketron
401 State House
Indianapolis

Susan King
702 Williams
Elkhart

Charles M. King
238 East 12th Street
Indianapolis

W. L. King
2227 North Capitol Avenue
Indianapolis

Donald J. Koors
6124 Broadway
Indianapolis

Geraldine Koors
6124 Broadway
Indianapolis

Margaret Kreisle
1219 Lincoln
Evansville

James O. Larsen
5525 Indianola Avenue
Indianapolis

Henriette Liffick
121-16 Marshall Drive
West Lafayette

Herman Litschgi
Vocational Rehabilitation Div.
Evansville College
Evansville

Mary Litty
11½ Main Street
Evansville

Edmund R. Lopez
4001 Pulaski
East Chicago

Charles Mac Causland
20531 Darden Road
South Bend

Dorothy E. McCloud
908 S. 22nd Street
Lafayette

Wm. J. McClure
School for the Deaf
Indianapolis

Ralph E. McDonald, D.D.S.
1121 West Michigan Street
Indianapolis

Mrs. Ralph E. McDonald
R. R. #18, Box 281
Indianapolis

Robert McDonald
3242 Sutherland Avenue
Indianapolis

Martha N. McKee
3454 Guilford
Indianapolis

J. C. McLain
431 S. Elm Street
North Vernon

Thomas M. Madden
I. U. Division of Optometry
Bloomington

Daniel C. Martin
Route #11
Lafayette

Carl D. Martz, M.D.
Hume Mansur Building
Indianapolis

John P. Mefford
924 Delaware Avenue
Fort Wayne

Mrs. Pauline Merritt
1719 W. 14th Street
Anderson

Paul Messmer
President's Committee on
Employment of Handicapped
Washington, D. C.

Paul Meyer
104 South 23rd Street
Terre Haute

Felix Millan, M.D.
960 Locke Street
Indianapolis

Erskine A. Miller
536 W. 30th Street
Indianapolis

Ron Millhoff
P. O. Box 64
Centerville

Spiro B. Mitsos, Ph.D.
3701 Mellemeade
Evansville

Sylvia M. Morby
26 E. 14th Street
Indianapolis

Ben Morgan
150 North Meridian Street
Indianapolis

Earl E. Nelson
1227 Meadowbrook
Lafayette

Marilyn Nichols
960 Locke Street
Indianapolis

Jack Oathout
P. O. Box 12
Cortland

Mary C. Ohnmacht
2307 Butler Street
Lafayette

Wayne S. Owens
624 Brookside Lane
Plainfield

Bill J. Palmer
Division of Voc. Rehab.
Clinton Street
Fort Wayne

Martin F. Pane
1232 Maumee
Fort Wayne

Roy E. Patton
3242 Southerland Avenue
Indianapolis

Elaine Patrem
P. O. Box 65
Wabash

Don G. Pettingill
4725 Broadway
Indianapolis

Rowena Piety
Hammond Public Schools
Hammond

Rev. Daniel H. Pokorny
4201 North College Avenue
Indianapolis

Mrs. Daniel H. Pokorny
4201 North College Avenue
Indianapolis

Caroline S. Polliard
519 East 56th Street
Indianapolis

Dr. and Mrs. Rutherford B. Porter
R. R. #3, Box 274
Terre Haute

Josephine Price
1433 North Pennsylvania St.
Indianapolis

M. E. Price
536 West 30th Street
Indianapolis

Sharon Przystup
1508 Tippecanoe
Lafayette

Travis Purdy
2701 Mishawaka Avenue
South Bend

Thelma Ransdell
R. R. #12
Lafayette

Edith M. Ross
2325 Cherry
Columbus

Mary Jane Rhodes
4344 Carrollton
Indianapolis

Mrs. Paul Ricca
130–9 Marshall Drive
West Lafayette

Genevieve Riley
615 North Alabama Street
Indianapolis

Mrs. Paul Rodocker
Route #1
Lagro

Guy E. Russell
624 West 40th Street
Indianapolis

Mrs. Neil Rusterholz
30 Tidewater Drive
Hagerstown

Jim Salyers
2466 Glemnary
Louisville, Ky.

Archie O. Sanders
Box 301
Seymour

Rachael Sanders
127 Victoria
South Bend

Helen Scheibner
1330 West Michigan
Indianapolis

Charles R. Schiefer
615 North Alabama Street
Indianapolis

Marlene Schini
1508 Tippecanoe Street
Lafayette

Charles H. Sessler
Indiana School for the Deaf
Indianapolis

Mr. and Mrs. Paul Schmidt
1635 West Michigan Street
Indianapolis

Irvin J. Seiler
227 East Washington
Fort Wayne

Nicola Y. Sharaiha
1011 Home Avenue
Fort Wayne

William Sherfey
511 Locust Street
Brazil

Carla Sigman
1508 Tippecanoe
Lafayette

James Simon
2307 East 7th
Bloomington

Nancy Simon
2307 East 7th
Bloomington

Norman Skole
615 North Alabama Street
Indianapolis

George H. Smith
611 North Park, Room 415
Indianapolis

Dr. Francis L. Sonday
Audiology and Speech
Ind. Univ. Medical Center
Indianapolis

Elizabeth Spencer
2114 Euclid
Muncie

Louis W. Spolyar, M.D.
1330 West Michigan Street
Indianapolis

H. E. Stamm
1600 W. 6th Avenue
Gary

Don Steinmetz
3701 E. Bellemeade
Evansville

Charles E. Stewart
3242 Southerland Avenue
Indianapolis

Eva Stewart
3258 Broadway
Indianapolis

Virginia Stitle
4510 Marcy Lane
Indianapolis

W. H. Strahla
601 Ohio
Terre Haute

Jack M. Talbert
1529 North Illinois Street
Indianapolis

L. E. Templin
909 S. Morgan
Bluffton

Elsie F. Thornton
7362 East Washington Street
Indianapolis

Charles H. Trott
1309 West Main
Crawfordsville

Matthew J. Trippe, Ph.D.
311 Capitol View
McLean, Virginia

Louis R. Veale
3127 Broadway
Fort Wayne

Rev. Clarence Walden
3354 West 30th Street
Indianapolis

Floyd T. Walker
1302 Nichol Avenue
Anderson

Harrold W. Wallace
1406 Briar Road
Muncie

Gilbert M. Warner
114 W. Plum Street
Centerville

Margaret Warner
709 Clay Street
Fort Wayne

Marion Warner
6009 Winthrop
Indianapolis

Cecil S. Webb
Public Schools
Lafayette

Mrs. Zona Weeks
10225 North Broadway
Indianapolis

Georgia S. Weir
7077 Park Avenue
Indianapolis

Mr. and Mrs. Ralph B. Werking, Jr.
6431 Evanston
Indianapolis

Charles R. White
Evansville College
Room 132 Office Building
Evansville

Shannon White
2046 Rays
Elkhart

Christine Willson
1508 Tippecanoe Street
Lafayette

Mary Alice Wilson
615 North Alabama Street
Indianapolis

Miss Pat Wilson
1508 Tippecanoe Street
Lafayette

Herman Wing, M.D.
1600 West 6th Avenue
Gary

Florence M. Winslow
507 W. Dieffenbaugh
Kokomo

James A. Wolf
401 State House
Indianapolis

Mrs. Helen Wood
3145 Byrd Drive
Indianapolis

Beulah Woods
1635 West Michigan Street
Indianapolis

Robert Yoho
1330 West Michigan Street
Indianapolis

Kathryn Young
Physical Therapy Department
Ind. Univ. Medical Center
Indianapolis

Richard E. Yowell
5141 Kingsley Drive
Indianapolis

Mrs. Richard Yowell
5141 Kingsley Drive
Indianapolis

Edward S. Zdanowski
105 Key Lane
Clermont

Doris Zurfluh
538 Irene
Fort Wayne